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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32782 (7)
1. Corporation Name

PLANTATION RESIDENTS ORGANIZATION, INC.



Principal Place of Business: P.O. BOX 491544, LEESBURG FL 34749-8544
Mailing Address: P.O. BOX 491544, LEESBURG FL 34749-1544

3. Date incorporated or Qualified: 06/12/1989
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

4. FEI Number: 59-2957646
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEWELL, STEPHEN
907 WEBSTER
LEESBURG FL 32748

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TD CLARK, ROBERT
25114 BETTON HILL
LEESBURG FL
PD HERB, BILLS
25715 BELLE HELENE
LEESBURG FL
D GOODMAN, GEORGE
24937 PINE HILL
LEESBURG FL
D KRAMER, MARY JANET
25031 BELLEVUE
LEESBURG FL
D PETTI, DONALD
5320 ASTOR
LEESBURG FL
VP HAWORTH, HELEN
4903 TARA VIEW RD.
LEESBURG FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE SD
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE D
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

CECILIA PRITCHARD
4951 TARA VIEW ROAD
LEESBURG, FL

PAUL FIELDER
4939 TARA VIEW ROAD
LEESBURG, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert F. Clark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97 352-728-2926
Date Daytime Phone # 0070265

CR2E037 (9/96)